P	ATFNT	APPLICATIO	NFFF	DETERMINAT	ION RECORD
		AL LIVALIV			IOH HEGGIL

Effective October 1, 2000

Application or Docket Number

09/787496

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER		
TOTAL CLAIMS								RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		,	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			名 / minus 20=		· //			X\$ 9=		OR	X\$18=	198
INDEPENDENT CLAIMS			2 minus 3 =		*		•	X40=			X80=	770
MULTIPLE DEPENDENT CLAIM PRESENT				<u> </u>					OR	700-		
* If the difference in column 1 is less than zero enter					r "O" in c	oolumn 2		+135=		OR	+270=	270
* If the difference in column 1 is less than zero, ente						Olumin 2		TOTAL		OR	TOTAL	1468
		LAIMS AS A (Column 1)	MENDEL	(Colu	mn 2)	(Column 3)	_	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN.	T CLAIM			+135=		1.	+270=	
								TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		OR	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	11	X\$ 9=	1 66	OR	X\$18=	ree_
	Independent	*	Minus	***		=	1	X40=			X80=	
_	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM]			OR		
								+135=		OR	+270=	
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
_	-	(Column 1) CLAIMS	1	(Colu		(Column 3)	1 -					
AMENDMENT C		REMAINING AFTER AMENDMENT	٠.	NUM PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X40=			X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM]			OR		
• 1	f the entry in colu	mn 1 is less than th	ne entry in colu	mn 2 write	e "()" in co	lumn 3		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The "Highest Nurr	ber Previously Pa	id For" (Total o	Independ	lent) is the	highest numbe	er fou	ind in the app	ropriate box	cin col	umn 1	